

**Annual  
FY 2011  
CHILD SEXUAL ABUSE AND EXPLOITATION PREVENTION BOARD  
REGIONAL “CHILD SEXUAL ABUSE PREVENTION PROGRAM”**

(This application is for a regional prevention program.  
Applications are accepted once a year by a specified date.)

**SUMMARY OF IMPORTANT DATES**

<b>Grant Applications Available</b>	<b>January 15, 2010</b>
<b>Applications Due</b>	<b>February 26, 2010</b>
<b>Announcement of Awards</b>	<b>April 2010</b>
<b>Funding Period</b>	<b>July 2010 – June 2011</b>

YOU ARE STRONGLY ENCOURAGED TO READ THE APPLICATION OVERVIEW, GUIDELINES & INSTRUCTIONS (INCLUDING APPENDICES) CAREFULLY BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.

IN REVIEWING APPLICATIONS THE BOARD LOOKS FOR PROJECTS/ PROGRAMS THAT USE EFFECTIVE, RESEARCH-BASED MODELS OF CHILD SEXUAL ABUSE PREVENTION.

THE BOARD ALSO WELCOMES NEWLY CREATED, INNOVATIVE PROPOSALS, BUT APPLICANTS MUST BE ABLE TO PROVIDE A CLEAR DESCRIPTION AND ENOUGH INFORMATION TO FACILITATE THE BOARD’S UNDERSTANDING OF THE PROGRAM, ITS GOALS AND OBJECTIVES, THE CURRICULUM (IF APPLICABLE), AND HOW ITS EFFECTIVENESS WILL BE EVALUATED.

THE BOARD RESERVES THE RIGHT TO DEEM INELIGIBLE ANY APPLICATION THAT DOES NOT ADHERE TO THE GUIDELINES, OVERVIEW & INSTRUCTIONS.

THE BOARD RESERVES THE RIGHT, AT ITS SOLE DISCRETION, TO REJECT ANY AND ALL GRANT APPLICATIONS OR TO CANCEL THE ANNOUNCEMENT OF FUNDING IN ITS ENTIRETY.

**Annual Grant  
FY 2011 CSAEP BOARD'S REGIONAL  
"CHILD SEXUAL ABUSE PREVENTION PROGRAM"**

**Instructions and Application**

**Funded By:**

Child Victims' Trust Fund



## GUIDELINES AND OVERVIEW

### OBJECTIVE:

**To provide funding for regional programs/projects that seek to reduce and prevent the incidence of the sexual assault and exploitation of children.**

The Kentucky Child Sexual Abuse and Exploitation Prevention Board, as established in 1984 by KRS 15.900 through 15.940, seeks to reduce the incidence of child sexual abuse and exploitation by supporting programs for the prevention of sexual abuse and exploitation of children. The Board, through administration of the Child Victims' Trust Fund (CVTF), reviews, approves and monitors the expenditures for child sexual abuse prevention programs. The objective for the CSAEP Board's Regional Prevention Grant is to fund child sexual abuse prevention programs on a regional basis. For purposes of this grant, the definition of "Prevention" shall be as defined in KRS 15.900(5):

"Prevention" means a system of direct provision of child sexual abuse and exploitation prevention services to a child, parent, or guardian, but shall not include research programs related to prevention of child sexual abuse and exploitation;

The guidelines contained in this document explain the Board's priorities, eligibility requirements, funding requirements, and responsibilities of the Applicant. Instructions for completing the application and an application form are also included. Potential grantees are strongly encouraged to read this document before completing and submitting the grant application as it contains many of the contract terms with which a grantee will be expected to comply.

### APPLICATION DEADLINE

All applications must be **received** by the Office of the Attorney General, Office of Victims Advocacy, **no later than close of business Friday, February 26, 2010, 4:30 p.m., Eastern Standard Time. *Applications and/or attachments received after the deadline will not be accepted. E-mailed or faxed applications will not be accepted.***

### APPLICATION SUBMISSION

Submit one original of the entire completed application with all required attachments and two (2) copies of the completed application (attachments not required). **DO NOT BIND OR STAPLE** the application. The original application—with all required attachments—and each application copy must be placed in separate manila envelopes. ***Submissions that do not contain the required number of documents—one original and two (2) copies—will be considered incomplete and will NOT be eligible for further review.*** Submit to:

**CSAEP Board Grant Program Coordinator  
Office of the Attorney General/ Office of Victims Advocacy  
1024 Capital Center Drive, Suite 200  
Frankfort, Kentucky 40601-8204**

## QUESTIONS/ TECHNICAL ASSISTANCE

General questions regarding the grant application may be directed to **Lyn Bruckner**, Program Coordinator, at 502-696-5312.

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## ELIGIBLE APPLICANTS

Pursuant to KRS 15.935, the Board disburses CVTF monies to private nonprofit organizations and public agencies. Private nonprofit organizations must be certified by the IRS as having tax-exempt status, i.e. 501(c) (3).

## ELIGIBLE PROJECTS/ PROGRAMS

The overall aim of preventative intervention is the reduction of child sexual abuse and exploitation. Prevention approaches are classified as belonging to one of three types—Primary, Secondary or Tertiary.

1. Primary Prevention: Primary prevention refers to prevention education and information provided to broad segments of the population. Primary prevention takes place before child sexual abuse has occurred, to prevent initial perpetration or victimization. This type of programming includes any public or generally offered program on child sexual abuse prevention
2. Secondary Prevention: Secondary prevention refers to services provided to persons who are considered at high risk for sexual abuse even though it is not known if abuse has occurred.
3. Tertiary Prevention: Tertiary prevention applies to services provided to persons or families after sexual abuse has been identified.

The Board strongly encourages and welcomes newly created, innovative proposals so long as applicants can provide a clear description and enough information to facilitate the Board's understanding of how the program will prevent child sexual abuse and exploitation, its goals and objectives, the curriculum (if applicable), and how its effectiveness will be evaluated.

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## FUNDING REQUIREMENTS

**Match Requirement.** KRS 15.935(1) (a) (2) and KRS 15.940(4) require a successful applicant to provide a fifty percent (50%) match of the grant award. Of that match amount, at least ten percent (10%) of the total grant award shall consist of a cash match. The remaining forty percent (40%) match requirement may also be through cash or it may be in-kind (i.e. donated facilities, goods or services, volunteer services, etc.). The type of contributions stipulated as in-kind must be specific to the project/ program being funded and shall be subject to approval of the Board, and the applicant shall maintain documentation for such contributions. (*See "CSAEP Board Match Requirement" in Appendix D*).

**Use of Funds:** Applicants may allocate requested grant monies among the following cost categories: materials, equipment, operational expenses, training and travel, consultant and contractual services, and limited staff salaries and benefits (*see "the "Budget Plan" in the Regional Grant Application, and Sample Budget Plan in Appendix B*), as the demands of their projects/ programs require.

The Board **strongly discourages** the use of grant money to fund salaries unless a new position is being created or funding for the prevention role is unavailable from any other source. Requests to fund a current position or reinstate positions that have been eliminated as a result of budget cuts must be clearly explained. Applicants must clearly state and justify the need for funding of salaries and explain the lack of alternative funding sources. Grant monies may not be used to supplant an existing position.

## **FUNDING PERIOD**

CSAEP Board Regional Prevention Grants are awarded once each fiscal year. Projects/ programs must be completed during the 12-month funding period from July 1 through June 30. Funding will be provided in one or more installments, at the discretion of the Board. ***Unused funds MUST be returned to the CSAEP Board.***

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## **PUBLIC RELATIONS REQUIREMENT**

The Child Victims' Trust Fund receives its revenues from the state income tax refund check-off, the "I Care About Kids" license plate, and private donations. To insure the continuing generation of funds it is imperative that grantees promote these programs locally. For that reason, every grantee is required to include the CVTF logo and text reading "This publication / program is funded in part by a grant from the Child Victims' Trust Fund." CVTF logos will be provided by the CVTF Program Administrator. All publications associated with the prevention project/ program funded by the Board must be submitted for approval by the Program Administrator prior to publication. Further, prior approval must be obtained from the Program Administrator before printing or ordering any materials that were not included in your grant application.

The grantee is also responsible for 1) developing and implementing a plan to work with community media and agencies to publicize the CVTF state income tax check-off and license plate programs and, 2) distributing CVTF posters (in regard to the license plate poster, at a minimum it must be supplied to the local and regional county clerks' offices) and brochures. Submission of the plan is required as part of the application. Collaboration with community media and other community groups and agencies is strongly encouraged in the development of this plan. Documentation of the implementation of this plan must be included in the five-month and/or year-end Program Reports. In addition to submitting the provided Promotion Verification Form, this may include copies of newspaper clippings, Web site pages, letters, etc.

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## REPORTING AND ON-SITE REVIEWS

Every grantee shall be responsible for maintaining accurate and current financial (including in-kind contributions) and program records, and reporting on the use of CVTF monies. Two program reports are required. A **five-month report** is due no later than close of business **December 31, 2010**. A **year-end report** is due by close of business **July 31, 2011**. Reporting shall be submitted on forms that will be provided. Grant recipients may be required to submit additional reports as deemed appropriate by the Board or staff. *Failure to submit the required reports within the stipulated timeframe may result in the forfeiture of remaining grant funds, where applicable, a two year application suspension and shall be a factor in the consideration of future applications.*

Grantees are also subject to on-site reviews. Grantees will be required to acknowledge by signature any deficiencies that are cited on a review checklist and address said deficiencies within a given timeframe. *Failure to permit on-site reviews and/or acknowledge and address deficiencies within the stipulated timeframe may result in the forfeiture of remaining grant funds, where applicable, a two year application suspension and shall be a factor in the consideration of future applications. Although financial documents may be requested during the on-site review, the on-site review is not a financial audit and shall not be considered an audit of any type.*

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## GENERAL INSTRUCTIONS

These instructions present the format all applicants must follow in preparing applications. *The Board reserves the right to deem ineligible for further review any application that does not adhere to the instructions contained in this document.*

- All forms provided in the application must be used as required.
- The application, including all forms, must be typed on single-sided 8.5" by 11" white paper, double-spaced (unless otherwise noted in the Guidelines, Overview & Instructions) with one-inch margins, and in standard Times New Roman or other acceptable "business" font no smaller than 11-point size. No font deviations, including colors, all caps, all bold, all italics, etc, will be accepted.
- Materials in *Section X, Required Attachments, Part B*—including brochures, newsletters, evaluation instrument(s) or tool(s), and curricula—may be submitted in their original form and may be paper-clipped together.
- Do not bind or staple any part of the application. Paper clips or colored paper may be used to divide the application into sections.
- Complete the page header in the upper right hand corner of each page as required, with your Agency Name and the page number. The required format follows:

## **FY 2011 CSAEP Regional Prevention Grant Application**

**Agency Name** \_\_\_\_\_, page 1

Submit the application materials in the following order:

1. Title Page
2. Grant Application Checklist
3. Statement of Cooperation and Assurances
4. Agency Data Sheet
5. Project/ Program Information Sheet
6. Application Narrative
7. Anticipated Project/ Program Revenue Detail—Breakdown by Source Form
8. Budget Plan
9. Budget Narrative
10. Required Attachments—Part A:
  - a. Evidence of 501(C)(3) status or other non-profit/ public status (i.e. IRS determination)
  - b. List of current board members and their affiliation to the community.
  - c. Agency staffing chart or other personnel diagram
  - d. Agency audit or year end financial statement for last completed fiscal year
  - e. Current CV/ resume of agency director
  - f. Job descriptions and qualifications for each position in the proposed child sexual abuse prevention project/ program
  - g. Current CV(s)/ resume(s) of all staff who will be working in the proposed child sexual abuse prevention program
  - h. Current, dated letters of commitment from community partners—on their letterhead—demonstrating community collaboration in your agency's child sexual abuse prevention program (Note: the letters should reflect a date no older than one [1] year)
  - i. Letters of agreement for consultant and/ or contractual services on vendor's letterhead, if applicable, and the estimated costs for such contracted services.
  - j. Copy of equipment price quote(s) on vendor's letterhead if funding is requested for equipment.
  - k. Copy of materials price quotes on vendor's letterhead if funding is sought for materials.
  - l. Copy of Agency promotion plan.
11. Required Attachments—Part B:
  - a. Project/ program curriculum being proposed
  - b. Evaluation instrument(s) or tool(s)
  - c. Copy of agency and project/ program publications (brochure, newsletter, Web page, etc)

## SPECIFIC INSTRUCTIONS

**Project/ Program Information Sheet:** Enter all information as required. Additional guidance follows:

- **Project/ Program Title:** Enter the name of the child sexual abuse prevention project/ program. Every project or program must have a title.
- **Amount Requested:** Enter the amount requested from the Board. Round the amount to the nearest dollar.
- **Type of Prevention:** Indicate if this project/ program works as primary, secondary or tertiary prevention or a combination of more than one. ***Important note:** Read the definitions of these terms under the “Eligible Projects/Programs” section.*
- **Specific Population Served by Project/ Program:** Provide specific demographic and geographical characteristics of the target population. Using qualifiers, specifically identify the population to be served and explain why the program will work with the population. Qualifiers are age, gender, ethnic, racial, cultural, and socioeconomic characteristics, special needs, etc. as appropriate.
- **Brief Description of Project/ Program:** The brief description is similar to an executive summary and provides a synopsis of the project/ program. This summary description of the project/ program must give reviewers necessary information to understand the program, i.e. who, what, when, how, how frequently, by whom and where the project/ program will be implemented and any collaboration, evaluation and promotional efforts. This section should be a short summary of the application narrative. Type the information directly onto the Project/ Program Information Sheet. This summary may be single-spaced (but must follow all other format requirements) and must not exceed 200 words.

## APPLICATION NARRATIVE INSTRUCTIONS

The Application Narrative must not exceed twelve (12) pages. Further, the information contained in each section and in each subsection must stand alone. Therefore, the narrative must not refer the reader to another section or to an attachment for information required of the section.

Information presented in this manner will be considered incomplete and may lower the applicant's score. Each section must be clearly delineated with the Roman numeral and section heading in bold (i.e. **I. Agency Description**) or the letter and section heading in bold (i.e. **A. Mission Statement or Purpose**) or the number and section heading in bold (i.e. **2. Target Population and Contributing Factors**).

## BUDGET INSTRUCTIONS

### VI. Anticipated Project/Program Revenue Detail – Breakdown by Source Form

You must use the Anticipated Project/ Program Revenue Detail—Breakdown by Source Form to list anticipated sources of Regional Prevention grant, cash match and in-kind match amounts for this project/ program. In the appropriate column, identify each revenue source by name and indicate whether the source is firmly committed or potential. In addition, include the dollar amount anticipated from each source and the grand total of all revenue sources. *(For assistance with completing this form, see “Sample Anticipated Project Revenue Detail—Breakdown by Source Form” in Appendix A).*

### VII. Budget Plan

You must use the Budget Plan form to list anticipated project/ program revenue sources and to itemize costs by budget category. *(For assistance with completing the project/ program budget, see the “Sample Budget Plan” in Appendix B).* Your budget plan must be in the same format as reflected in the “Sample Budget Plan.” Additional guidance follows:

**Budget Period:** List expected starting and ending dates by month, day and year (mm/dd/yy). The dates must fall between July 1<sup>st</sup> and June 30<sup>th</sup> of the funding year.

**1. Anticipated Project/ program Revenue:** List the amount on the line indicated. The amount must equal the grand total on the Anticipated Project/ Program Revenue Detail—Breakdown by Source Form.

CSAEP Board Grant – list the total amount of funding you are requesting through the CSAEP Board Grant.

Total Match – list the combined amount of cash match and in-kind match listed in columns B and C. A description of cash match and in-kind match follows.

- Cash match includes cash from other sources for implementing the child sexual abuse prevention project/ program.
- In-kind match includes donated labor, materials, etc. For example, the value of volunteer time, telephone, copying or printing provided at reduced or no charge, supplies, etc., devoted to the project/ program, including those that exceed the required contribution. Only amounts directly related to the child sexual abuse prevention program may be counted towards the in-kind match. ***Please note that the Board does not consider mortgage/rental payments made by the applicant to be “in-kind” match donations.***

**2. Project/ program Budget:** ALL figures reflected in the project/ program budget must relate directly to the child sexual abuse prevention program. **In all three categories (Board**

**Grant, Cash Match and In-kind Match) list only the amounts used for the child sexual abuse prevention program.** The figures associated with each cost category must be listed in the appropriate funding source column, i.e. CSAEP Board Grant, Cash Match and/or In-Kind Match. All subtotals and grand totals must be included at the end of each row and at the bottom of each column. Only numerical amounts should be listed on this page. The grand total must equal the grand total on the Anticipated Project/ Program Revenue Detail—Breakdown by Source form.

- a. Staff Salaries – list all full-time and part-time staff salaries. Staff salaries should be determined by multiplying the individual’s base salary by the percent of estimated time the individual will spend on the child sexual abuse prevention program. The value of staff salaries should be reflected under the CSAEP grant and/or cash match column(s), as appropriate. ***Note: The Board strongly discourages the use of grant monies to fund salaries unless a new position is being created or funding for the prevention role is unavailable from any other source. Grant monies may not be used to supplant an existing position.***

The value of volunteer hours should be included in this category under the in-kind match column. It is expected that assigned values for volunteers will be based on realistic figures.

- b. Staff Fringe Benefits – list items such as FICA, life, health and/or dental insurance, retirement plans, and other fringe benefits offered by your agency. Applicants must prorate fringe benefits if the employee will spend only part of his or her time on the child sexual abuse prevention program. The value of staff fringe benefits should be reflected under the CSAEP Board grant and/ or cash match column(s), as appropriate. ***Note: The Board strongly discourages the use of grant monies to fund benefits unless a new position is being created or funding for the prevention role is unavailable from any other source. The Board will NOT fund, or consider as a match, holiday pay or benefits for part-time staff or volunteers.***
- c. Consultant/ Contractual Services – list all expenses associated with the purchase of any consultant or contractual services (i.e. program delivery, bookkeeping, media development, etc.). The value of consultant/ contractual services should be reflected under the CSAEP Board grant, cash match and/ or in-kind match column(s), as appropriate.
- d. Training and Travel – list all training and travel expenses related to the child sexual abuse prevention program. The value of training and travel expenses should be reflected under the CSAEP Board grant, cash match and/ or in-kind match column(s), as appropriate.

Travel expenses—including mileage expenses—**must** identify the actual and/ or potential destinations.

**Note:** Any mileage expenses will be reimbursed at the prevailing state mileage rate. **Mileage reimbursement may not exceed the prevailing state mileage rate at the time of grant application submission.**

Per Diem expenses (i.e. hotel, meals) will be reimbursed at the state approved rate. Allowable rates for meals are summarized below:

Meal	Meal-time Hours	Reimbursement Amount
Breakfast	6:30 a.m. – 9:00 a.m.	\$7.00
Lunch	11:00 a.m. – 2:00 p.m.	\$8.00
Dinner	5:00 p.m. – 9:00 p.m.	\$15.00

**Note:** To be eligible for lodging reimbursement, staff must be in travel status, i.e. at a destination more than 40 miles from the individual's work station or home; which ever is the shortest distance. **Meal reimbursement only applies if an overnight(s) stay is necessary and occurs.** For additional information about travel reimbursement refer to Kentucky Administrative Regulations, 200 KAR 2:006.

- e. Operational Expenses – list the amount of each expense. Operational expenses may include printing, postage, office and miscellaneous supplies, telephone calls, AOC criminal background checks, etc., related to the child sexual abuse prevention program. The value of operational expenses should be reflected under the CSAEP Board grant, cash match and/ or in-kind match column(s), as appropriate.
- f. Equipment – list the amount of the purchase of any equipment. Equipment includes copiers, fax machines, telephones or telephone systems, computers, printers, postage meters, etc. The value of equipment expenses should be reflected under the CSAEP Board grant, cash match and/ or in-kind match column(s), as appropriate. **Note: The Board strongly discourages the use of grant monies to purchase equipment. Amounts must be prorated to reflect only the proportionate amount that will be used for the prevention program.**
- g. Materials – list the amount of each expense. Materials include publications, puppets, program props, DVDs, videos, etc. The value of materials expenses should be reflected under the CSAEP Board grant, cash match and/ or in-kind match column(s), as appropriate.

## **VIII. BUDGET NARRATIVE**

The Budget Narrative must not exceed six (6) pages. Each section must be clearly delineated with the section heading in bold (i.e. **1. Staff Salaries** or **B. Sustaining the Project/ Program**).

Further, the information contained in each section must stand alone. Therefore, the narrative must not refer the reader to another section or to an attachment for information required of the section.

Information presented in this manner will be considered incomplete and may lower the applicant's rating. The Budget Narrative must provide the Board with a comprehensive understanding of how the CSAEP Board grant, cash match and in-kind match have been determined and how the funds will be spent. In every category itemize each expense and show the mathematical calculation. You must provide sufficient detail to facilitate the Board's determination regarding the relevance of the expenditure to the project/ program. *(For assistance with completing the Budget Narrative see "Sample Budget Narrative" in Appendix C).*

***IMPORTANT NOTE:***

**DOUBLE CHECK ALL CALCULATIONS IN THE PROJECT/ PROGRAM BUDGET.**

Your calculations/ totals **MUST** be consistent between the following forms:

- Anticipated Project/ Program Revenue Detail-Breakdown By Source
- Budget Plan
- Budget Narrative

*Appendix A*  
**SAMPLE**

**VI. Anticipated Project Revenue Detail —Breakdown by Source Form**

<b>Source</b>	<b>Committed or Potential Funding</b>	<b>Sub-Total Amount</b>
<b>CVTF Grant</b>	Potential	\$19,200.00

<b>Cash Match*</b> (minimum 10% of total CVTF Grant request)		
<b>United Way Grant</b>	Committed	\$ 2,000.00
<b>Big Rise County Grant</b>	Committed	\$ 4,838.00

<b>In-kind Match*</b> (remaining percentage of 50% CVTF match)		
<b>Big Rise CAC</b>	Committed	\$ 5,677.00
<b>Curriculum Services, Inc.</b>	Committed	\$ 2,400.00
<b>Turner Graphics</b>	Committed	\$ 1,200.00
<b>Acme Printing</b>	Committed	\$ 2,032.00
<b>Volunteers</b>	Committed	\$ 1,520.00

<b>GRAND TOTAL (all sources of anticipated project revenue)</b>	<b>\$38,867.00</b>
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\* Pursuant to KRS 15.935(1)(a)2 and KRS 15.940(4), a 50% match is required. The match composition shall be as follows: The Cash match shall total at least 10% of the total CVTF grant amount (i.e. other funding sources, cash donations, grants, salaries paid through agency sources, etc.). This sum shall be subtracted from the total match amount. The remainder match may be through cash and/or in-kind match (i.e. donated facilities, goods or services, volunteer services, etc.). The type of contributions stipulated as in-kind must be specific to the project being funded and shall be subject to approval of the Board, and the applicant shall maintain documentation for such contributions.

*Appendix B*  
**SAMPLE BUDGET PLAN**

**VII. Budget Plan**

Name of Agency: Big Rise Child Advocacy Center

Name of Project/ program: Talking with Kids

Budget Period: From (mm/dd/yy) 7/1/08 To: 6/30/09

**1. ANTICIPATED PROJECT REVENUE: \$ 38,867**

Prevention Grant (column A) \$ 19,200

Total Match (columns B and C) \$ 19,667

**2. PROJECT BUDGET:**

Cost Category	Funding Sources			SUB-TOTAL
	Prevention Grant	Cash Match	In-Kind Match	
	(Column A)	(Column B)	(Column C)	(Column D)
<b>a) Staff Salaries</b>	Project Dir. <u>17,280</u>		Adm. Asst. 3,750	
Staff Salaries Subtotal:	<b>\$17,280</b>	<b>\$0</b>	Volunteers <u>1,520</u>	
			<b>\$5,270</b>	<b>\$22,550</b>
<b>b) Staff Fringe Benefits</b>	Project Dir. <u>1,322</u>		Adm. Asst. <u>287</u>	
Staff Fringe Subtotal:	<b>\$1,322</b>	<b>\$0</b>	<b>\$287</b>	<b>\$1,609</b>
<b>c) Consultant/Contractual Services</b>			Illustrator 1,200	
Contract Services Subtotal:	<b>\$0</b>	<b>\$0</b>	Curriculum Specialists <u>2,400</u>	
			<b>\$3,600</b>	<b>\$3,600</b>
<b>d) Training &amp; Travel</b>	Vanhooose 96	KCSAI training <u>998</u>		
	Morgan 128			
Training & Travel Subtotal:	Big Rise 32			
	Crowe 78			
	Brownies 120			
	Cub Scouts <u>144</u>			
	<b>\$598</b>	<b>\$998</b>	<b>\$0</b>	<b>\$1,596</b>
<b>e) Operational Expenses</b>		Office space <u>3,840</u>	Criminal background checks 90	
Operational Expenses Subtotal:	<b>\$0</b>	<b>\$3,840</b>	Copying 520	
			Telephone 600	
			Postage <u>200</u>	
			<b>\$1,410</b>	<b>\$5,250</b>
<b>f) Equipment</b>			Fax machine 50	
Equipment Subtotal:	<b>\$0</b>	<b>\$0</b>	Computer <u>100</u>	
			<b>\$150</b>	<b>\$150</b>
<b>g) Materials</b>		Printing 2,000	Printing <u>2,032</u>	
Materials Subtotal:	<b>\$0</b>	<b>\$2,000</b>	Paper 57	
			Envelopes <u>23</u>	
			<b>\$2,112</b>	<b>\$4,112</b>
<b>GRAND TOTALS</b>	<b>\$19,200</b>	<b>\$6,838</b>	<b>\$12,829</b>	<b>\$38,867</b>

*Appendix C*  
**SAMPLE**

**VIII. BUDGET NARRATIVE**

A. Agency Name: Big Rise Child Advocacy Center

Project/ Program Name: Talking with Kids

**1. Staff Salaries – \$17,280.00 (CVTF); \$5,270.00 (In-kind Match)**

The Big Rise Child Advocacy Center (BRCAC) is requesting funding for salaries because it has no other funding source for the child sexual abuse prevention program it would like to run. BRCAC applied for but was unsuccessful in obtaining grants from the following sources (which do fund staff salaries): National Child Advocacy and the Washington Council for the Prevention of Child Abuse and Neglect. The two grants we were able to acquire—from the local United Way and Big Rise County—expressly prohibit use of monies for salaries.

*Project Director:* It is estimated that this part-time administrator will spend approximately 20 hours per week, from August 1 through June 30, coordinating and overseeing the implementation of the “Talking to Kids” program. The director is paid \$18.00 per hour and will work on this project approximately 48 weeks (allowing for 2 weeks of holiday and other time off). The Prevention grant will pay the pro-rated share of the project director’s salary.

○ \$18.00 per hour X 20 hours per week X 48 weeks = **\$17,280.00. (grant)**

*Administrative Assistant:* The agency will provide an administrative assistant to assist the project director. It is estimated that the administrative assistant will spend approximately 25 percent of her time doing clerical work for the sexual abuse prevention project. The administrative assistant’s salary is \$15,000.00 annually. The clerical salary is an in-kind match.

○ \$15,000.00 annual salary x .25 = **\$3,750.00. (In-kind)**

*Volunteers:* Seven (7) volunteers will donate their time to the project/ program at a rate of \$8.00 per hour. It is estimated the volunteers will spend a total of 190 hours presenting the program, educating parents, etc. The volunteer time is an in-kind match.

- 190 hours x \$8.00 per hour = **\$1,520.00 (In-kind)**
- 2. **Staff Fringe Benefits – \$1,322.00 (grant); \$287.00 (In-kind Match)**

*FICA and/or Medicare:* The agency pays fringes calculated using 6.20% for FICA and 1.45% for Medicare (total: 7.65%). No other fringes are offered.

Prevention grant to pay for the pro-rated employer share of fringe benefits for the project director:

- \$17,280.00 pro-rated annual salary x 7.65% = \$1,321.92 (rounded to **\$1,322.00 (grant)**)

Agency to pay the pro-rated share of fringe benefits for the administrative assistant position as in-kind match:

- \$3,750.00 pro-rated annual salary x 7.65% = \$286.87 (rounded to **\$287.00 (In-kind)**)

3. **Consultant and Contractual Services – \$3,600.00 (In-kind Match)**

The following consultants will provide the following services as an in-kind match:

*Illustrator:* A professional illustrator with Turner Graphics will provide layout and graphics assistance in creating educational materials. It is estimated that this project will take approximately 40 hours. The fee is \$30 per hour (see attached letter of agreement).

- \$30 per hour x 40 hours = **\$1,200.00 (In-kind)**

*Curriculum Specialists:* Two teachers, with Curriculum Services, Inc., who specialize in curriculum planning and possessing excellent written communication skills will review existing “Talking with Kids” curriculum, make revisions and work with the illustrator to design a revised publication. Initial discussions with the curriculum specialists have confirmed BRCACs’ belief that revisions are particularly important to update the program’s Internet safety component. The fee is \$30 per hour each. It is estimated this task will take approximately 40 hours (see attached letter of agreement).

- \$30 per hour x 40 hours = \$1,200 x 2 specialists = **\$2,400.00 (In-kind)**

4. **Training and Travel – \$998.00(Cash Match); \$598.00 (CVTF)**

Staff training and related travel expenses will be paid through a cash match from a portion of the Big Rise County grant.

The Project Director will attend the KY Child Sexual Abuse Institute's annual 5-day conference in Louisville, KY. Total cost = **\$998.00 (Cash)**. Cost breakdown follows. (Note: per diem is based on travel time from Sunday at 10:00 a.m. – Friday at 6:30 p.m.)

- Registration: \$300
- Hotel: \$100 per night x 5 nights = \$500
- Per Diem: \$7.00 breakfast x 5 + \$8.00 lunch x 6 + \$15.00 dinner x 5 = \$158.00
- Mileage: .40 cents per mile x 100 roundtrip miles = \$40.00

Volunteers will present the “Talking with Kids” curriculum at three (3) elementary schools two times during the funding period. The Program Director and volunteers will also conduct two parent education meetings at each school. In addition, volunteers will present the curriculum at two Brownie jamborees and at two Cub Scout jamborees. Volunteers will also conduct two parent education meetings at each of the jamborees. Total mileage cost requested from the Board: \$598.40, rounded to **\$598.00 (Board)**. In all cases, individuals traveling to the same location will carpool. Cost breakdown follows.

- Vanhoose Elementary: .40 cents per mile x 60 roundtrip miles x 4 times = \$96.00
- Morgan Elementary: .40 cents per mile x 80 roundtrip miles x 4 times = \$128.00
- Big Rise Elementary: .40 cents per mile x 20 roundtrip miles x 4 times = \$32.00
- Crowe Elementary: .40 cents per mile x 49 roundtrip miles x 4 times = \$78.40 (rounded \$78)
- Brownie Jamborees: .40 cents per mile x 75 roundtrip miles x 4 times = \$120.00
- Cub Scouts Jamborees: .40 cents per mile x 90 roundtrip miles x 4 times = \$144.00

## **5. Operational Expenses – \$3,840 (Cash Match); \$1,410 (In-kind Match)**

The following will be provided as cash and in-kind match:

*AOC Background checks:* Currently the local sheriff runs background checks on all BRCAC staff, independent contractors and volunteers, but will now also undergo the CVTF required AOC criminal background checks. The cost of each AOC background check is \$10.00 per person. The agency will cover these costs as an in-kind contribution.

- 9 AOC criminal background checks x \$10.00 each = **\$90.00 (In-kind)**

*Office space:* A portion of the Big Rise County grant will pay for 20 square feet of office space devoted to the prevention program, for its duration (12 months):

- $\$16.00 \text{ per sq. ft.} \times 20 \text{ sq. ft.} = \$320.00 \times 12 \text{ months} = \mathbf{\$3,840.00 \text{ (Cash)}}$

*Copying:* The agency will provide the copying of an estimated 1000 promotional flyers. Our Xerox copier maintenance agreement charges .52 cents per copy.

- $1000 \text{ flyers} \times .52 \text{ cents each} = \mathbf{\$520.00 \text{ (In-kind)}}$

*Telephone:* Estimated phone costs: \$600.00, based on the agency devoting about 50% of its time to the CSA prevention project:

- $\$100.00 \text{ basic monthly fee} \times 12 \text{ months} \times 50\% = \mathbf{\$600.00 \text{ (In-kind)}}$

*Postage:* Estimated postage costs: \$200.00 (based on the previous two year average for mailing approximately 500 letters to support the community education effort).

- $500 \text{ letters} \times .39 \text{ cents each} = \$195.00 \text{ (rounded to } \mathbf{\$200.00 \text{ (In-kind)})}$

## **6. Equipment – \$150.00 (In-kind Match)**

All necessary equipment will be provided by the Agency as **in-kind** match totaling **\$150.00**. It is estimated the program will utilize the equipment 25% of the time. The current equipment values were calculated by our CPA, Haas-Winston, using the straight-line depreciation method.

- Fax machine: \$50.00 ( $\$200 \text{ current equipment value} \times .25 = \$50.00$ )
- Computer: \$100.00 ( $\$400 \text{ current equipment value} \times .25 = \$100$ )

## **7. Materials – \$2,000.00 (Cash Match); \$2,112 (In-kind Match)**

The following expenses will be paid through cash match and in-kind match.

*Printing:* A local printing company, Acme Printing, will produce the coloring books, handbooks and brochures. The per unit cost for 1000 coloring books is \$1.50; for 300 handbooks is \$7.50, and for 200 brochures is \$1.00 (additional set-up fees are \$82). Total printing costs = \$4,032.00. The United Way grant will pay for **\$2,000.00 (Cash)** of this amount, and the printer is donating the balance of **\$2,032.00 (In-kind)**.

- 1,000 coloring books x \$1.50 each = \$1,500.00 + \$42.00 set-up fee = \$1,542.00
- 300 handbooks x \$7.50 each = 2,250.00 + \$20.00 set-up fee = \$2,270.00
- 200 brochures x \$1.00 each = \$200.00 + \$20.00 set-up fee = \$220.00

*Copy Paper/Envelopes:* It is estimated that 3 cartons of copy paper will be used for making 1000 flyers advertising the program, and for other miscellaneous necessary communications.

We pay approximately \$19.00 per carton for paper. It is estimated that the program will need at least one box of business envelopes. The envelopes cost \$23.00 per box of 500. Total cost for copy paper and envelopes is **\$80.00 (In-kind)** which the agency will absorb.

- 3 cartons paper x \$19 each = \$57.00
- 1 box envelopes x \$23 each = \$23.00

#### B. SUSTAINING THE PROJECT/ PROGRAM

Over the past two years, BRCAC has increased its funding from outside sources. This year BRCAC obtained commitments from the United Way (cash match), a curriculum planning company (in-kind match) and a printing company (in-kind match). The previous two years these expenditures were paid with CVTF grant monies. During the next funding period, BRCAC will explore funding opportunities through the Thames Foundation which recently announced a new grant program geared toward enhancing and/ or expanding programs to prevent the physical, emotional and/ or sexual abuse of children in rural areas.

#### C. REDUCED CVTF FUNDING

A review of program needs indicates that the Project Director's time on the project could be cut back to 15 hours per week. However, this cutback would diminish BRCAC's effectiveness in terms of maintaining and building new collaborations. The cutback could result in a longer period of reliance on CVTF funding. Another potential consequence would be less time spent monitoring volunteer activities.

## **CVTF MATCH REQUIREMENT**

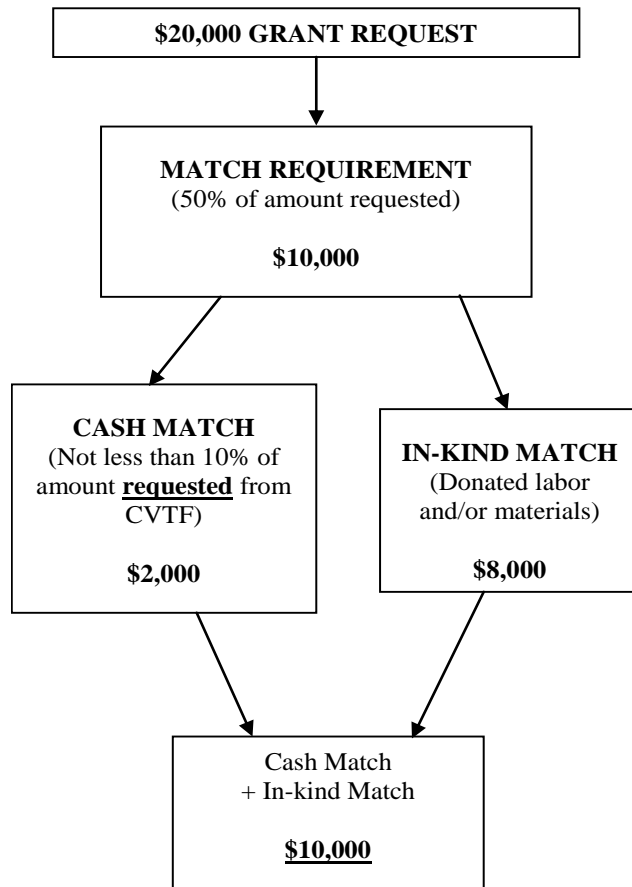
The agency is required to provide—at a minimum—a 50% match for the amount of funds requested from CVTF. This match may be in the form of cash and/ or in-kind (donated labor and/ or materials).

At least 10% of the agency's match must be in cash. However, the agency is not prohibited from providing more than a 10% cash match.

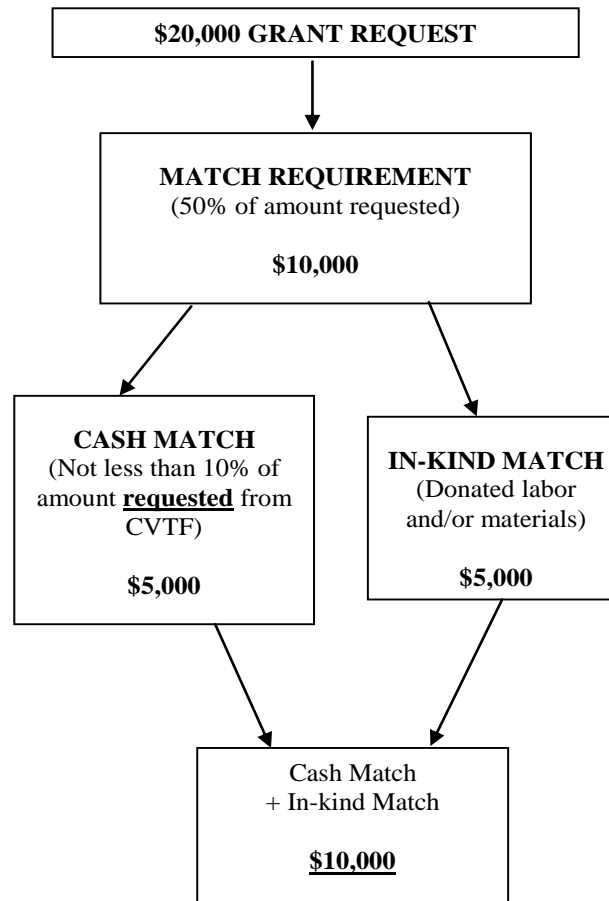
Three examples follow. Example 1 reflects a 10% cash match; Example 2 reflects a 25% cash match; and Example 3 reflects a 100% cash match.

## CVTF MATCH REQUIREMENT

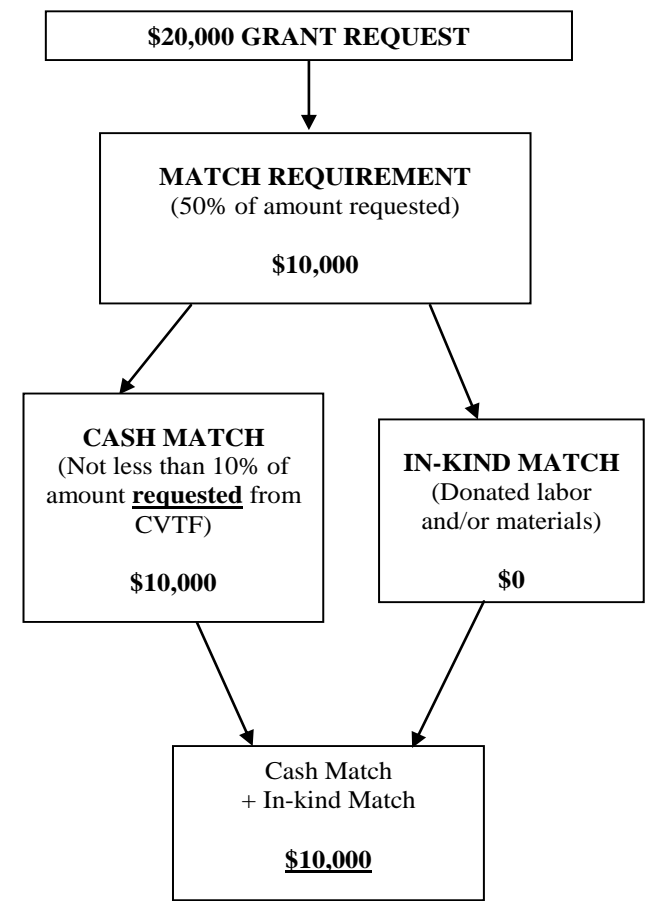
EXAMPLE 1



EXAMPLE 2



EXAMPLE 3







**ANNUAL  
FY 2011 CSAEP BOARD REGIONAL  
PREVENTION GRANT APPLICATION  
TITLE PAGE**

**AGENCY NAME:** \_\_\_\_\_

**TITLE OF PREVENTION PROJECT/ PROGRAM:**

\_\_\_\_\_

**AMOUNT REQUESTED:** \_\_\_\_\_

**CONTACT NAME / TITLE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**AGENCY ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Federal Employer Identification Number** \_\_\_\_\_

Agency Name \_\_\_\_\_, page \_\_\_\_\_

## GRANT APPLICATION CHECKLIST

### Check all that apply and/ or are attached:

- ☐ Title page
- ☐ Grant Application Checklist
- ☐ Statement of Cooperation and Assurances
- ☐ Agency Data Sheet
- ☐ Project/program Information Sheet
- ☐ Application Narrative
- ☐ Anticipated Project/ Program Revenue Detail—Breakdown by Source Form
- ☐ Budget Plan
- ☐ Budget Narrative

### Required Attachments—Part A:

- ☐ Evidence of 501(C)(3) or other non-profit/public status (i.e. IRS determination)
- ☐ List of Current Board Members with affiliations
- ☐ Agency Staffing Chart or other Personnel Diagram
- ☐ Agency Audit or year end financial statement for last completed fiscal year
- ☐ CV/ Resume of Agency Director
- ☐ Job descriptions and qualifications for each position involved in the proposed child sexual abuse prevention program
- ☐ CV(s)/ Resume(s) of all Staff who will be working in the proposed child sexual abuse prevention program
- ☐ Letters from collaborative partners on partner's letterhead
- ☐ Letters of Agreement for consultant and/or contractual services on vendor's letterhead
- ☐ Copy of equipment price quote(s) on vendor's letterhead
- ☐ Copy of materials price quote(s) on vendor's letterhead
- ☐ Copy of Agency promotion plan

### Required Attachments—Part B:

- ☐ Program curriculum being proposed
- ☐ Evaluation instrument(s) or tool(s)
- ☐ Copy of Agency/ Program publications (i.e. brochure, newsletter, Web page, etc.)

### Application Format (unless otherwise noted in the Guidelines, Overview & Instructions):

- ☐ White, 8 ½" by 11" paper
- ☐ Typed, double-spaced, single-sided
- ☐ Times New Roman or similar "business" font no smaller than 11-pt.
- ☐ Type is neither all bold nor all capitalization, nor all italics
- ☐ 1" margins—left, right, top and bottom
- ☐ Page headers appear in upper right-hand corner of each page
- ☐ No binding or staples – separated by color paper
- ☐ Required section headings in Application Narrative
- ☐ Required section headings in Budget Narrative

Agency Name \_\_\_\_\_, page \_\_\_\_\_

**STATEMENT OF COOPERATION AND ASSURANCES**

The applicant represented by the undersigned, hereby states and assures the following:

1. I have read and understand the Child Sexual Abuse and Exploitation Prevention Board's (CSAEP Board) Regional Prevention Grant Application Guidelines, Overview & Instructions, including the eligibility and funding rules, and applicant / grantee responsibilities.
2. The applicant will comply with the regulations, policies, guidelines and requirements as they relate to the use, application and acceptance, and reporting of state funds for this state-assisted program. I further assure that the applicant will provide full access to agency documentation, records and other pertinent information as deemed necessary by the CSAEP Board or its staff to complete the monitoring process.
3. The applicant agency and I are both in compliance with all local policies and regulations of our governing body.
4. The applicant agency does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services, and provides, upon request, reasonable accommodation necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.
5. The information contained in this application for funding is, to the best of my knowledge and ability, true and accurate.

\_\_\_\_\_  
Signature of Person Responsible for Program Administration

\_\_\_\_\_  
Date

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Director or Board Chair

\_\_\_\_\_  
Date

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Name \_\_\_\_\_, page \_\_\_\_\_

## AGENCY DATA SHEET

Name of Agency: \_\_\_\_\_

Agency Director/Administrator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ KY Zip Code+four: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

\*\*\*\*\*

County of above office location: \_\_\_\_\_

Counties and cities served by agency: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

CSAEP Board (CVTF) Grant History:

Number of years funded \_\_\_\_\_

Last year funded \_\_\_\_\_ Amount \_\_\_\_\_

Agency name if changed / Project/ program title and Year(s) funded:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency Name \_\_\_\_\_, page \_\_\_\_\_

## **PROJECT/ PROGRAM INFORMATION SHEET**

Project/ program title \_\_\_\_\_

Amount requested: \_\_\_\_\_

Type of prevention: \_\_\_\_\_Primary \_\_\_\_\_Secondary \_\_\_\_\_Tertiary

Specific population served by project/ program:

Brief project/ program summary (no more than 200 words):

Agency Name \_\_\_\_\_, page \_\_\_\_\_

## **APPLICATION NARRATIVE**

### **I. Agency Description**

The description of your agency must, at a minimum, include:

- A. Mission Statement or Purpose
- B. History of the Agency. Include previous names and/or mergers, past or present services offered and the population the agency generally serves.
- C. Board of Directors. Include how each board member is representative of the community. Also, include statistics regarding minority, ethnic and gender representation on the board.
- D. Paid Staff Positions. Describe the paid staff positions in the area related to child sexual abuse prevention programming (child abuse services, prevention services, etc.). Include a brief description of the screening or training they have undergone and the content and duration of such training. Provide AOC criminal background checks no older than two years as well as Central Registry Check (CA/N) background checks—which are administered by the Cabinet for Health and Family Services—*if* your agency is required by law to obtain information included in the Central Registry Check or *if* your agency requires this check as a condition of employment.
- E. Independent Contractors and Volunteers. Describe the agency's use of independent contractors and volunteers. What kind of screening and training (content and duration) have they undergone? Provide AOC criminal background checks no older than two years as well as Central Registry Check (CA/N) background checks—which are administered by the Cabinet for Health and Family Services—*if* your agency is required by law to obtain information included in the Central Registry Check or *if* your agency requires this check to use independent contractors or to accept volunteer workers.
- F. Programs Similar to/ Related to Child Sexual Abuse Prevention. Describe any specific programs the agency has conducted in the past that are similar to/ related to child sexual abuse prevention.

### **II. Community Description**

The description of your community must, at a minimum, include:

- A. Geography. A brief description of the counties or cities you serve. Are they rural or urban? What other child victim related service providers are available in your service area (include women's shelters, rape crisis centers etc. if they provide services to children)?
- B. Population.

Agency Name \_\_\_\_\_, page \_\_\_\_\_

1. **Demographics:** Description of the community's general socioeconomic, educational and occupational characteristics
2. **Ethnic, Racial and Cultural Make-up:** Description of the community's ethnic, racial, and cultural characteristics
- C. **Resources.** Describe the other agencies, groups and professionals in your community (i.e. churches, YMCA, Rape Crisis Centers, Domestic Violence shelters etc.) that work in the area of child sexual abuse prevention, including

1. **Names of other Agencies, Groups and Professionals**
2. **Services and Activities Provided by Other Agencies**
3. **Coordination of Related Efforts:** Describe how your agency does or does not coordinate child advocacy efforts with these other agencies, groups and professionals

### III. Program description

The Program Description provides information about the project/ program and must demonstrate your agency's understanding of and ability to implement the proposed prevention project/ program. Your description must, at a minimum, include:

#### A. Project/ Program Description.

1. **Purpose and Type of Prevention:** Primary, Secondary, Tertiary? Why was this program chosen? How the program is different from other child sexual abuse prevention programs being provided in your area and why you feel the program is necessary? Describe how the project/ program is innovative or new.
2. **Target Population and Contributing Factors:** Provide specifics about the target population for this project/ program and why this population was chosen. Explain how the agency will have access to the target population. Address the particular risk, protective and/or vulnerability factors established as contributors to the problem of child sexual abuse in the target population.

For the target population indicate age range, gender, ethnic, racial, cultural, and socioeconomic characteristics, special needs, etc., as appropriate for the prevention approach.

Provide a clear explanation of how the project/ program meets the specific needs of the target population. Demonstrate how the project/ program will prevent child sexual abuse and/ or exploitation in the target population.

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3. **Project/ program Goals and Objectives:** List and explain your project/ program goals and objectives. A goal is a long-term outcome that is expected from the project/ program. An objective is a specific activity used to reach a goal.

B. Curriculum

1. **Content covered**
2. **Learning Goals and Objectives**
3. **Consistency with Current Research, Literature and Best Practices**
4. **Appropriateness for Target Population:** Explanation of why the project/ program is developmentally appropriate for the target population and how the project/ program is sensitive to multicultural, audiences, as appropriate.

C. Project/ Program Delivery

1. **Location(s)/ Venue(s) for program delivery.** Where will the program be offered?
2. **Number and Duration of Exposures to program/project:** Plan for the target population to receive multiple exposures to the project/ program content and the duration of the exposure. Any interactive formats and parent and Internet components.
3. **Current Barriers that Prevent Target Population from Accessing Program and Approaches to Overcoming Barriers.** Barriers would include lack of transportation, lack of child care, inaccessible student population, etc.

D. Available Resources

1. **Party Responsible for Implementation**
2. **Type and Duration of Staff, Volunteer and Consultant Training**
3. **Party Responsible for Supervision of Staff, Volunteers and Consultants**
4. **Provision of Training of Other Involved Parties** (i.e. teachers, group leaders, parents, etc.). Indicate specific activities, hours involved, curriculum and materials to be used and who will provide the training.
5. **Collaboration or Coordination with other agencies/ groups.** Describe activities that will support networking and synergy between agencies/groups that provide or support child sexual abuse prevention activities. Identify the

Agency Name \_\_\_\_\_, page \_\_\_\_\_  
collaborative partners and briefly describe their activities integral to the project/ program. You must include letters of commitment from community partners – on their letterhead – demonstrating community collaboration in your agency’s child sexual abuse prevention program. The letters must address the specific collaborative activities that will occur between July 1, 2010 and June 30, 2011 of the funding year.

E. Implementation Timetable. Timeline of how the program/project will be completed within the fiscal year.

#### **IV. Evaluation Plan:**

The Evaluation Plan must include information about how you will evaluate and assess project/ program goals and objectives. Describe the evaluation instrument(s) or assessment methods, outline the timeframe for evaluation/ assessment and explain measures of success.

The description of your evaluation plan must, at a minimum, include:

A. Project/ program Goals and Objectives

1. **Number of Targeted Recipients, Number of Contacts and Duration of Exposure**
2. **Content of Program/Project and Learning Goals**
3. **Determination of Success**

B. Evaluation Instrument(s), Tool(s) and/ or Other Assessment Methods

C. Evaluation and Assessment Time Frames

#### **V. CVTF Promotion Plan**

The CVTF Promotion Plan provides information about the applicant’s strategy for promoting and publicizing the CVTF. The CVTF promotion plan must, at a minimum, include:

- A. CVTF Logo, Income Tax Refund Check-Off and “I Care About Kids” License Plate in Published Materials: Describe plan to include CVTF logo and information in all published materials etc.
- B. Distribution of CVTF Posters and Brochures: Describe plan to distribute CVTF materials.

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- C. Distribution CVTF information to accountants/tax preparation firms: Describe plan for contacting and distributing CVTF information to accounts and/or tax preparation firms in your area.

## VI. Anticipated Project/ Program Revenue Detail —Breakdown by Source Form

Source	Committed or Potential Funding	Sub-Total Amount
<b>CVTF Grant</b>		

<b>Cash Match*</b> (minimum 10% of total CVTF Grant request)		

<b>In-kind Match*</b> (remaining percentage of 50% CVTF match)		

<b>GRAND TOTAL (all sources of anticipated project/ program revenue)</b>	
--	--

\* Pursuant to KRS 15.935(1) (a) 2 and KRS 15.940(4), a 50% match is required. The match composition shall be as follows: The Cash match shall total at least 10% of the total CVTF grant amount (i.e. other funding sources, cash donations, grants, salaries paid through agency sources, etc.). This sum shall be subtracted from the total match amount. The remainder match may be through cash and/or in-kind match (i.e. donated facilities, goods or services, volunteer services, etc.). The type of contributions stipulated as in-kind must be specific to the project/ program being funded and shall be subject to approval of the Board, and the applicant shall maintain documentation for such contributions.

Agency Name \_\_\_\_\_, page \_\_\_\_\_

**VII. Budget Plan**

Name of Agency: \_\_\_\_\_

Name of Project/ program: \_\_\_\_\_

Budget Period: From (mm/dd/yy) \_\_\_\_\_ to (mm/dd/yy) \_\_\_\_\_

**1. ANTICIPATED PROJECT/ PROGRAM REVENUE:** \$ \_\_\_\_\_

CVTF Grant (column A) \$ \_\_\_\_\_ Total Match (columns B and C) \$ \_\_\_\_\_

**2. PROJECT/ PROGRAM BUDGET:**

Cost Category	Funding Sources			SUB-TOTAL
	CVTF Grant	Cash Match	In-Kind Match	
	(Column A)	(Column B)	(Column C)	(Column D)
<b>a) Staff Salaries</b>				
Staff Salaries Subtotal:				
<b>b) Staff Fringe Benefits</b>				
Staff Fringe Subtotal:				
<b>c) Consultant/Contractual Services</b>				
Contract Services Subtotal:				
<b>d) Training &amp; Travel</b>				
Training & Travel Subtotal:				
<b>e) Operational Expenses</b>				
Operational Expenses Subtotal:				
<b>f) Equipment</b>				
Equipment Subtotal:				
<b>g) Materials</b>				
Materials Subtotal:				
<b>GRAND TOTALS</b>				

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**VIII. Budget Narrative**

The budget narrative must, at a minimum include, an explanation of each of the following cost categories:

A. List Agency and Program/Project Name

**1. Staff Salaries**

List the monetary value for **each** full or part-time employee working on the project/ program, including the method of determining compensation and rate. Each staff salary should be determined by multiplying the individual's base salary by the percent of estimated time the individual will spend on the child sexual abuse prevention project/ program. Each mathematical calculation must be reflected. In addition, the percentage used to pro-rate each salary must be clearly indicated.

***Note:*** *The Board strongly discourages the use of CVTF grant monies to fund salaries unless a new position is being created or funding for the prevention role is unavailable from any other source. Requests for current positions or to reinstate positions that have been eliminated as a result of budget cuts must be clearly explained. Applicants must definitively state the need for funding for salaries and explain the lack of alternative funding sources.*

List the number of volunteers, the estimated time contributed to the project/ program and the approximate value of their time. Each volunteer need not be listed separately if amounts of time and rates are identical for each. However, the mathematical calculation(s) must be reflected.

**2. Staff Fringe Benefits**

Fringe benefits include items such as FICA, life, health and/or dental insurance, retirement plans, and other fringe benefits offered by your agency. Itemize the cost of each fringe benefit and pro-rate the amount if the employee will spend only part of his or her time on the child sexual abuse prevention project/ program. The percentage used to pro-rate each fringe benefit must be clearly indicated. Each item must be listed separately and each mathematical calculation must be reflected.

***Note:*** *The Board strongly discourages the use of CVTF grant monies fund benefits unless a new position is being created or funding for the prevention role is unavailable from any other source. Applicants must definitively state the need for funding for benefits and explain the lack of alternative funding sources. **The Board will NOT fund, or consider as a match, holiday pay or benefits for part-time staff or volunteers.***

Agency Name \_\_\_\_\_, page \_\_\_\_\_

### 3. Consultant/ Contractual Services

Consultant and contractual services include bookkeeping, program provision, media relations, etc. List and describe the services to be provided and include the dollar value of the compensation/cost. Each item must be listed separately and each mathematical calculation must be reflected.

***Note: The application package must include letters of agreement, including cost of services, on vendor's letterhead for all consultant and contractual services. These services will not be considered for funding without a letter of agreement on vendor's letterhead.***

### 4. Training and Travel

Discuss any anticipated training, including information regarding the name of the organization providing the training, purpose and relationship to the proposed prevention program, and number of individuals for whom the training is requested. Also include the mathematical calculation for each itemized expense.

Discuss any projected travel, including information regarding, at a minimum, the purpose of the trip, destination, total round trip miles, per diem costs (i.e. meals, hotel lodging), and number of individuals for whom funds are requested. Also include the mathematical calculation for each itemized expense.

Travel expenses—including mileage expenses—**must** identify the actual and/ or potential destinations.

***Note:*** Any mileage expenses will be reimbursed at the state prevailing mileage rate. *Mileage reimbursement may not exceed the prevailing state mileage rate at the time of grant application submission. The prevailing state mileage rate is available at: <http://finance.ky.gov>.*

***The Board expects that staff will carpool as much as possible. Individual reimbursements to the same destination must be clearly explained. Overnight travel must be clearly justified as part of the program. Out-of-state travel must be clearly justified. Any out-of-state travel must be specifically described as training that is not available in-state.***

### 5. Operational Expenses

Operational expenses include items such as copying, postage, AOC criminal background checks and office and miscellaneous supplies. List each item separately including how amounts were prorated. Include the mathematical calculation for each itemized expense.

Agency Name \_\_\_\_\_, page \_\_\_\_\_

## 6. Equipment

Equipment includes items such as copiers, fax machines, telephones or telephone systems, computers, printers, postage meters, etc. List each item separately including how amounts were prorated. Include the mathematical calculation for each itemized expense.

***Note:** The Board discourages the use of CVTF grant monies to purchase equipment. Amounts **must be prorated** to reflect only the proportionate amount that will be used for the prevention program. The application package must include copies of price quotes on vendor's letterhead. Equipment will not be considered for funding without a price quote on vendor's letterhead. Applicants **must definitively state the need for funding for equipment and explain the lack of alternative funding sources.***

## 7. Materials

Materials include items such as publications, puppets, or other programmatic needs. List each item separately. Include the mathematical calculation for each itemized expense. These figures should be based on real costs of said materials, not vague estimates.

***Note:** Materials will not be considered for funding without a price quote on vendor's letterhead.*

- B. Diversification of Funding: Describe your plans and capacity to sustain the project/ program beyond the CSAEP Board grant. The plan must, at a minimum, include your strategy to broaden financial support.

***Note:** The funding commitment of the CSAEP Board is limited. The CSAEP Board Grant is not self-renewing and it is subject to the availability of funds from the CVTF from year to year. A new application must be submitted to the CSAEP Board each Fiscal Year and the applicant must requalify for funding each year.*

- C. Reduced Funding: Explain how the agency would implement the project/ program with reduced CSAEP Board funding.

***Note:** If approved for funding, The Board may fund less than 100% of an agency's request. As such, The Board requires information about the agency's ability to implement its project/ program with reduced Board funding.*

## IX. Required Attachments—Part A

## X. Required Attachments—Part B